

September 30, 1997

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David Werdegar, M.D., M.P.H.
Director
Office of Statewide Health Planning and Development
1600 9th Street, Room 433
Sacramento, CA 95814

SUBJECT: California Hospital Outcomes Report; Garfield Medical Center

Dear Dr. Werdegar:

This is in response to your letter dated August 20, 1997 regarding California Hospital Outcomes Report in the area of AMI mortality. Under Model A, Garfield was ranked significantly worst then expected while under Model B we were ranked as not significantly different then expected.

Our review of the Model A Data showed that Garfield Medical Center experienced 247 Acute MI over the 3-year period. During this time there were 49 mortalities out of the 247 patients. To reach the OSHPD assigned mortality rate of 23.5% at least 9 patients had to expire within 30 days after discharge from GMC. OSHPD has not identified which of the remaining 198 patients did expire after leaving Garfield.

Please note that Model A accounts for differences among patients, not differences in the quality of care received. Model A also includes fewer risk factors. Thus, the risk factors included in Model B, Garfield Medical Center did quite well.

There were only 2 patients admitted from an ECF. Only one patient was a "No Code" on admission. Fourteen patients admitted for hospitalization under Model A were "No Code." Thus, the good results in Model B.

Over the past 3 years our mortality data has improved secondary to:

- ◆ Increased ordering practices of:
 - ASA
 - Beta Blockers
 - Ace Inhibitors

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Accredited by the Joint Commission on Accreditation of Hospitals

- ◆ Decreased ordering practices of calcium channel blockers.
- ◆ Increased use of thrombolytic (started now by E.R. physician)
- ◆ Increased performance of Coronary Angiograms and PTCAs with possible CABGs.
- ◆ Development of a Critical Pathway for AMI patients.

Garfield is pleased to be part of the California Hospital Outcomes Project and appreciates the opportunity to response.

Sincerely,



Patrick Petre
Chief Operating Officer

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